

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INHALATION DEVICE AND METHOD
Attorney Docket Number::	000166.0109-US03
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	20
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Family Name::	Edwards
City of Residence::	Boston
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	171 Commonwealth Avenue, Unit 3
City of mailing address::	Boston
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Family Name:: Jones
City of Residence:: Roslindale
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 112 Beech Street
City of mailing address:: Roslindale
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ryan
Family Name:: McManus
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 220 Windsor Street, #1
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Margaret
Middle Name:: Millar
Family Name:: Saunders

City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: P.O. Box 425410
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02142

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: W.
Family Name:: Spaller
City of Residence:: Amesbury
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 356 Main Street
City of mailing address:: Amesbury
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01913

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Family Name:: Ziegler
City of Residence:: Arlington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 11 Cedar Avenue
City of mailing address:: Arlington

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02476

Correspondence Information

Correspondence Customer Number:: 26853

Representative Information

Representative Customer Number:: 26853

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/268,059	10/10/02
10/268,059	Continuation-in-part of	09/835,302	04/16/01

Assignee Information

Assignee name:: Advanced Inhalation Research, Inc.
Street of mailing address:: 840 Memorial Drive
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139